



## PART B - FEE(S) TRANSMITTAL

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MARTIN & F 14500 AVION I SUITE 300	7590 03/21 ERRARO PARKWAY	y mark-up with any corrections or of 2002 O I P	\	Note: The certificate mailings of the Fee(s) other accompanying paor formal drawing, mus	Certificate of Mailing	ly be used for domestic te cannot be used for any er, such as an assignment f mailing.  being deposited with the te for first class mail in an iress above on the date
CHANTILLY,	VA 201511101		<i>.</i> /	ndicated below.		
		BADOMARY	′ ·	Sandra L.	Blackmon	(Depositor's name) (Signature)
			7	April 9. 2	002	(Date)
A DDI LGA TIONANA					002	(Date)
APPLICATION NO. 09/618,037	97/17/2000		Gary K. Michelson	OR A	101.0056-02000	CONFIRMATION NO.
TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
123	nonprovisional	NO	\$1280	\$0	\$1280	06/21/2002
EXAMINER ART UN			T CLASS-SUBCLASS			
		ART UNIT	CLASS-SUBCLA	ss		
	MINER AVID OWEN	ART UNIT 3731	CLASS-SUBCLA 606-070000	SS		
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Thomas H. Martin. Reg. No. 34, 383

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Sandra	L.	Blackmon	(Depositor's name)
Samola	R	Blockman	(Signature)
April		2002	. (Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR A	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/618,037	07/17/2000	<u> </u>	Gary K. Michelson		101.0056-02000	8599
TITLE OF INVENTION:	SINGLE-LOCK AN	TERIOR CERVICAL PLA	TE			•
					•	
			•			
		•				
TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
100		2/0	C1200	*	61300	06/21/2002

	123	nonprovisional	NO	\$1280	\$0	\$1280	06/21/2002	
Γ	EX	AMINER	ART UNIT	CLASS-SUBCLASS	7			
-	REIP, D	AVID OWEN	3731	606-070000	-			
<b>b</b>	FR 1.363). Use of Pi ut not required.  Change of corresp	ndence address or indication FO form(s) and Customer N condence address (or Change	umber are recommended,	the names of up to 3 r or agents OR, alternat single firm (having as	patent front page, list (1) egistered patent attorneys ively, (2) the name of a a member a registered it the names of up to 2	Martin 2	& Ferraro,	LLP
	Address form PTO/S  "Fee Address" ind PTO/SB/47) attached	lication (or "Fee Address" In	dication form		eys or agents. If no name	3		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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□ Publication Fee						
Advance Order - # of Copies	☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).					
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